

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564765	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 10 / 19 / 2014</div>	

Full Name of Payee <b>I360</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address <b>PO BOX 37046</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">19439.30</div>	
City <b>BALTIMORE</b>	State <b>MD</b>	Zip Code <b>21297</b>	Transaction ID : <b>SE24.191</b>
Purpose of Expenditure <b>PHONE CALLS</b>		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate <b>JONI K. ERNST</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: <b>IA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">3150487.30</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
City	State	Zip Code	
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">19439.30</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">19439.30</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas F. Maxwell III

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2014

Signature